



Port of Umpqua

1877 Winchester Ave.
PO Box 388
Reedsport, OR 97467

Office: 541.271.2232

Fax: 541.271.2747

E-Mail: portofumpqua@portofumpqua.net

Date: _____

To: _____

From: Scott Kent, Port Manager
1877 Winchester Ave
Reedsport, OR 97467

Re: Reservation of Port Building Annex

Enclosed please find a Facility Use Agreement and copy of the rules and regulations regarding your use of the Port Building located at **1841 Winchester Ave.** You have reserved the Annex Room for _____. There will be a daily user fee of \$75.00. If you choose to use the kitchen, there is an additional daily fee of \$25.00. There will also be a refundable \$150.00 cleaning deposit for a total of \$250.00. The cleaning deposit will of course be refunded after your event, if the room is left in satisfactory condition and the key returned.

Please fill out the Facility Use Agreement and return it to the above address, together with your check, no later than 1 week prior to the event. If we do not receive the agreement and fee by that date, the Port cannot guarantee your reservation. Please retain a copy for your records as well as the check list for completion when the event is completed.

The Port will also require **a Certificate of Insurance**, with coverage to be in the amount of \$500,000 and naming the Port of Umpqua as an additional insured. Please notify the insurance company to forward this directly to the Port by FAX if that is more convenient. Our fax number is 541-271-2747.

Alcohol: Possession, use, or sale of alcoholic beverages is permitted in the Port Annex **only under the following condition:**

1. A proper liquor license is obtained prior to the event.
2. A licensed server is in charge of the distribution of alcohol.
3. All parties agree that the Assembly Room and any activities are open to inspection by the City of Reedsport Police Department.
4. "Bring your own Bottle" functions totally prohibited.
5. Prior written approval that the alcohol related conditions have been met is obtained from the Port of Umpqua Board of Commissioners or they're appointed designee (Port Manager).
6. Liquor liability insurance will be required.

In accordance with ORS 433.835-870 this business is SMOKE FREE. Smoking is not allowed within 10 feet of building entrances, exits, windows and air intake vents.

PORT OF UMPQUA
FACILITIES USE AGREEMENT

Representative of Organization/Individual Requesting Facility

Street/ Mailing Address

City, State, Zip

Day Time Phone Number _____ email address: _____

Evening Phone Number _____

Private: _____ Non-Profit: _____ Civic: _____ Government: _____

Requested dates In: _____
 Out: _____

Will there be alcohol: Yes _____ No _____
Kitchen Use: Yes _____ No _____

Requested Equipment: Tables: _____
 Chairs: _____
 Other: _____

Describe Use and all Activities: _____

Estimated Attendance _____

The undersigned, either individually or as authorized representative for the organization designated, agrees to abide and be bound by Resolution #06-04 and the statements set forth below.

I certify that I am the authorized representative of the above applicant, and that the above statements are true to the best of my knowledge, and that I and the organization I represent agree to be bound by the policies regarding use of the Port Building. I understand that violation of any of these policies may jeopardize further use of the facility and/or result in termination of use. I and/or the organization I represent agree to indemnify, defend, and hold harmless the Port of Umpqua, its agents, officials, and employees from and against any claims arising in and from the use of the premises by the applicant or the conduct of the applicant therein. I and/or the organization I represent further agree to assume responsibility for any physical damage to the facility which is incurred as a result of activity or attendance at an event sponsored by the applicant.

Signature: _____

Date _____

CHECK LIST FOR CLEANING OF PORT ANNEX BUILDING

Welcome to the Port Building! We ask that all users check the applicable clean-up procedures, indicated by an "X", when the jobs have been completed. Please leave this form at the Port Office when you return the keys. Any deposits will be refunded after used areas have been inspected and approved.

- ✓ Trash bin is located in the back parking lot behind the wooden fence, in the alcove
- ✓ A vacuum cleaner is stored in the coat closet in the entry area for your use
- ✓ Cleaning supplies are located under the kitchen sink
- ✓ Please do not take the dish clothes and dish towels

_____ All Floors swept, vacuumed or mopped as necessary

_____ All decorations removed. Including tape, pins or other securing devices

Note: *Staples are prohibited!!!!**

_____ All restrooms cleaned and trash removed

_____ All trash removed and placed in outdoor receptacle

_____ Chairs and tables returned to original set-up or area

_____ All lights off including restrooms

_____ Kitchen: Stove burners and oven off, counters cleaned, trash removed

_____ Janitorial supplies used must be returned to proper location

_____ If you are using the Courtyard, be sure the back and front gates are closed

Be sure any cigarette butts are picked up from courtyard and facility grounds

If any damage to the facility and/or equipment is discovered, please indicate below:

Before activity: _____

After activity: _____

I verify all of the above items are completed.

Sponsor's Contact Person

Date

Phone

INSPECTED AND APPROVED BY:

Port Representative

Date

(To Be Completed By Port Office)

Facility Fee: \$ _____ Date Paid: _____
Deposit: \$ _____ Date Paid: _____
Proof of Insurance: _____ Yes _____ No Date Received: _____
Liquor liability Insurance: _____ N/A _____ Yes _____ No _____
Date Received: _____
Deposit Refunded: _____ Yes _____ No Date Refunded _____
Amount Refunded: _____

If less than deposit, indicate reason:

Approved: _____ Date: _____

Port Manager

Foot Traffic

It's important that we keep the foot traffic out of our main building, which is a separate facility than the Annex, the building you are renting. Our buildings are located next door to each other, and people tend to think their event is in the main building. The Port has tenants who rent office space in the main building and when people wander in it usually requires that someone must get up and walk them around to the courtyard exit to go to the Annex. This disrupts their day, and it has become an issue, especially during covid.

To help direct foot traffic we will have distinct signage on our outer doors pointing people to the correct building.

In addition, we are asking when you rent the Annex that you make it very clear to your attendees exactly where they need to go.

The Annex address is: 1841 Winchester Ave., Reedsport.

Thank you so much for helping us with this situation.

Your rental will include use of our landscaped courtyard



IMPORTANT

Before you return the keys, you are expected to put the room back to its original setup used for our Port Meetings. The following pictures will show you how to set the room back to its original layout.

How to setup assembly room when you're done with your event

The main assembly room needs to be setup as it is for the Commissioner meetings. At the very front there are **3** tables set in a **U** shape, with the “blue” conference table chairs setup around them. Just like this:



The other 7 tables need to be replaced on the cart:



Extra Chairs may be stacked:



This page shows how the audience section is to be setup.....





CERTIFICATE OF LIABILITY INSURANCE

REEDCHR-01

ROBBIN

DATE (MM/DD/YYYY)

11/4/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 	CONTACT NAME:		
	PHONE (A/C, No, Ext): (541) 271-2146	FAX (A/C, No): (541) 271-5541	
	E-MAIL ADDRESS: info@fullhartinsurance.com		
INSURED 	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: GuideOne Insurance		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	1223868	08/10/2015	08/10/2016	EACH OCCURRENCE \$ 500,000	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000	
						MED EXP (Any one person) \$ 5,000	
						PERSONAL & ADV INJURY \$ 500,000	
						GENERAL AGGREGATE \$ 1,500,000	
						PRODUCTS - COMP/OP AGG \$ 1,500,000	
							\$
							\$
							\$
							\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$	
						\$	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$	
	DED	RETENTION \$				\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$	
						E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured per attached form # CG20260704

CERTIFICATE HOLDER

CANCELLATION

 Port of Umpqua PO Box 388 Reedsport, OR 97467	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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